

SERIAL NUMBER 09/399,502	FILING DATE 09/20/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET NO. AMCC3000
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APPLICANT

GARY D. MARTIN, NORTH ANDOVER, MA.

CONTINUING DOMESTIC DATA***
VERIFIED

mv

371 (NAT'L STAGE) DATA***
VERIFIED

mv

FOREIGN APPLICATIONS***
VERIFIED

mv

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/05/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>mv</u> Examiner's Initials _____					

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TITLE

SELF-SYNCHRONOUS DATA SCRAMBLER

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 2333

SERIAL NUMBER 09/399,502	FILING OR 371(c) DATE 09/20/1999 RULE	CLASS 380	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. AMCC3000	
APPLICANTS GARY D. MARTIN, NORTH ANDOVER, MA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/05/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS Terrance A. Meador INCAPLAW 1050 Rosecrans Street Suite K San Diego ,CA 92106					
TITLE SELF-SYNCHRONOUS DATA SCRAMBLER					
FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		